

COVID-19 TIP SHEET FOR PALLIATIVE CARE

02-OPCN-Palliative Sedation Therapy during COVID-19-2020-04-16

Preamble

The COVID-19 pandemic is a rapidly evolving situation. This document is intended to provide guidance specific to **palliative sedation therapy for COVID-19 positive patients**. It is not intended to replace or supersede guidance or policies developed in other settings or institutions or by specific programs. Adapted approaches may be required to address unique, organizational or other circumstances and conditions. Further updates may be released as the COVID-19 pandemic evolves and clinical evidence develops.

Issue Summary

Palliative sedation therapy is a recognized therapeutic approach in palliative care for a small number of patients who have severe, refractory symptoms at the end of life. Patients who develop severe COVID-19 illness may require this approach if they develop severe dyspnea and/or agitated delirium that is refractory to other approaches.

Background

This protocol was developed by a working group of the Division of Palliative Care, Department of Family Medicine, McMaster University.

Approach

There are a number of other excellent guidance documents regarding palliative sedation therapy developed in other settings or jurisdictions. The Clinical Advisory Council of the Ontario Palliative Care Network has reviewed the McMaster protocol, and is recommending that it be shared with frontline providers to support care delivery. Our perspective is that this particular document provides a range of options to choose from depending on the setting where the patient is receiving care.

Recommendations

There are several considerations to take into account:

- The setting, availability and competencies of clinicians and availability of the necessary equipment should guide decision-making around this therapy.
- For those who are not palliative care specialists, input (telephone, digital) from a palliative care clinician is recommended.
- There is the risk of medications shortages in community settings and alternative medications and approaches may need to be considered. One additional medication identified in a guide developed at the University Health Network (Toronto) is *Loxapine*
 - Loading dose 2.5 mg subcut, then 10 mg subcut q4h and 5 – 10 mg subcut q4h prn, maximal doses 150 – 250 mg/24 hours
 - Loxapine is not on the provincial formulary and it can be expected that supplies would be limited. It remains an option where available.

Additional Resources

A flow sheet may be useful to assist with patient monitoring. Refer to *Appendix F* in the “Waterloo Wellington Palliative Sedation Therapy Protocol” for a patient monitoring template. (available here, see page 39 https://wwpalliativecare.ca/Uploads/ContentDocuments/20191220_WW_PST_Final.pdf)